

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO:  
10/584218

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED				AFTER 1st AMENDMENT				AFTER 2nd AMENDMENT					AS FILED				AFTER 1st AMENDMENT						
	IND.		DEP.		IND.		DEP.		IND.		DEP.			IND.		DEP.		IND.		DEP.				
	1	/	/	/	/	/	/	/	/	/	/	/	51				/	/	/	/	/	/		
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TOTAL IND.													↓	2	↓									
TOTAL DEP.													←	34	←	←	←							
TOTAL CLAIMS													36											